

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Committee to Re-Elect Nydia M. Velazquez to Congress																																												
ADDRESS (number and street) 315 Inspiration Lane																																												
CITY, STATE, and ZIP CODE Gaithersburg MD 20878																																												
2. NAME OF CANDIDATE Nydia Velazquez	3. OFFICE SOUGHT (State and District) House NY 07		4. FEC IDENTIFICATION NUMBER C00271312																																									
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																												
<table border="1"> <thead> <tr> <th>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th>Name of Employer</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="2">AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Ave NW Ste 600 Washington DC 20001-7400</td> <td>Transaction ID : VN89JCV8DE4</td> <td rowspan="2">06/20/2014</td> <td rowspan="2">2000.00</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> <tr> <td>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> <tr> <td>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> <tr> <td>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td>Date (month, day, year)</td> <td>Amount</td> </tr> <tr> <td></td> <td>Occupation</td> <td></td> <td></td> </tr> </tbody> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Ave NW Ste 600 Washington DC 20001-7400	Transaction ID : VN89JCV8DE4	06/20/2014	2000.00	Occupation	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation		
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SIGNATURE (optional) Betty Diana Arce		DATE 06/21/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																									
[Electronically Filed]																																												

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FEC FORM 6

(Revised 07/2011)